ADDENDUM #4
RFP-2022-OCOM-02-COMPR
Comprehensive Healthcare Information System

On October 26, 2021, the New Hampshire Department of Health and Human Services published a Request for Proposal, soliciting to procure a System and associated services for the de-identification of direct identifiers, collection, quality assurance, consolidation, secure storage, and access to, via development of analytic-ready data sets, all payer health insurance claims data as part of the New Hampshire Comprehensive Healthcare Information System ("CHIS"), which is a joint project of DHHS and the New Hampshire Insurance Department ("NHID").

The Department is publishing this addendum to:

1. **Delete and replace Appendix E, Pricing, Section E-1.2 Hardware Pricing through Section E-1.10 Proposed State Staff Resource Hours with the following:**

   E-1.2 Hardware Pricing

   Please utilize the following table to detail the required hardware pricing associated with your Proposal.

Table E-1.2.		
HARDWARE PRICING WORKSHEET		
	HARDWARE ITEM	**ONE TIME COST**
1		
2		
3		
	Total	

   NOTE to Vendor: **Key Assumption(s):** Vendors should add/use a separate row for each hardware item proposed.

   E-1.3 Software License Pricing

   Please utilize the following table to detail the required Software costs associated with your Proposal.

Table E-1.3.		
SOFTWARE LICENSE PRICING WORKSHEET		
	SOFTWARE ITEM	**INITIAL COST**
1		
2		
3		
Total		

   NOTE to Vendor: **Key Assumption(s):** Vendors should add/use a separate row for each Software License item proposed.

E-1.4 Software Operations, Maintenance and Support Pricing

Use the following table to provide a detailed listing of the annual operational costs of each Software product that is part of your Proposal, including operations, maintenance and support. This should not include the initial cost identified in the Software License Cost Table listed above.

Table E-1.4.					
SOFTWARE OPERATIONS, MAINTENANCE, AND SUPPORT PRICING WORKSHEET					
SOFTWARE NAME	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
Total					

NOTE to Vendor: **Key Assumption(s):** Vendors should add/use a separate row for each Software package proposed that requires annual support costs.

E-1.5 Hosting Pricing

Use the following table to provide a detailed listing of the annual Hosting costs of the full Application. This may include Web Site Hosting Fee, Technical Support Fee, Maintenance and Update Fees, etc.

Table E-1.5.					
HOSTING DETAIL PRICING WORKSHEET					
HOSTING DESCRIPTION	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
Total					

NOTE to Vendor: **Key Assumption(s):** Vendors should add/use a separate row for each Hosting item proposed.

E-1.6 Other Costs

If other costs exist but were not handled in the above Pricing Table Worksheets, please use the following table to provide a detailed itemization of any additional cost.

Table E-1.6.					
OTHER COST PRICING WORKSHEET					
OTHER COST DESCRIPTION	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
Total					

NOTE to Vendor: **Key Assumption(s):** Vendors should add/use a separate row for each other cost item proposed.

E-1.7 Implementation Pricing Summary

Please complete the following table that should summarize all Implementation costs associated with your Proposal.

Table E-1.7.		
IMPLEMENTATION COST SUMMARY PRICING WORKSHEET		
COST TABLE #	**COST TYPE**	**TOTAL COST**
1	**Activities/Deliverables/Milestones Pricing (Total from Activity/Deliverables/Milestones Pricing Worksheet)**	
2	**Hardware Pricing (Total from Hardware Pricing Worksheet)**	
3	**Software License Pricing (Total from Software License Pricing Worksheet)**	
4	**Software Operations, Maintenance, and Support Pricing (Total from Software Operations, Maintenance, and Support Pricing Worksheet)**	
5	**Hosting Pricing (Total from Hosting Detail Pricing Worksheet)**	
6	**Other Pricing (Total from Other Cost Pricing Worksheet)**	
Grand Total		

E-1.8 Vendor Staff, Resource Hours and Rates Worksheet

Use the Vendor Staff Position, Resource Hours and Rates Worksheet to indicate the individuals who will be assigned to the Project, hours and applicable rates. Information is required by stage. Names must be provided for individuals designated for key roles, but titles are sufficient for others. This information is for reference purposes only and will not be taken into account during our price proposal scoring.

Table E-1.8.				
VENDOR STAFF, RESOURCE HOURS AND RATES PRICING WORKSHEET				
	PROJECT MANAGER	**POSITION 1**	**POSITION 2**	**ETC.**
Planning And Project Management				
Installation				
Testing				
System Deployment				
Operations				
Total Hours				
Hourly Rate				
Vendor Resource Price Total (Hours X Rate)				

***NOTE to Vendor:* Key Assumption(s):** Denote key roles by adding "(key)" to the 'Name/Vendor's Role' column. Add as many rows as necessary to complete the full proposed team.

E 1.9 Future Vendor Rates

The State may request additional Services from the selected Vendor and require rates in the event that additional Services are required. The following format must be used to provide this information.

The New Hampshire State Fiscal Year (SFY) runs from July 1 of the preceding calendar year through June 30 of the applicable calendar year. *This information is for reference purposes only and will not be taken into account during our price proposal scoring.*

Table E-1.9.					
FUTURE VENDOR PRICING WORKSHEET					
VENDOR ROLE	**SFY<XX>**	**SFY<XX>**	**SFY<XX>**	**SFY<XX>**	**SFY<XX>**
Project Manager					
Position 1					
Position 2					
etc.					
Total					

NOTE to Vendor: **Key Assumption(s):** Denote key roles by adding "(key)" to the 'Name/Vendor's Role' column. Add as many rows as necessary to complete the full proposed team.

E-1.10 Proposed State Staff Resource Hours

Use the Proposed State Staff Resource Hours Worksheet to indicate the State roles that will need to be assigned to the Project to support your proposed Implementation approach. Information is required by stages identified in the table below.

Table E-1.10.				
PROPOSED STATE STAFF, RESOURCE HOURS				
	PROJECT MANAGER	**POSITION 1**	**POSITION 2**	**ETC.**
Planning And Project Management				
Installation				
Testing				
System Deployment				
Operations				
Total Hours				

NOTE to Vendor: **Key Assumption(s):** Denote key roles by adding "(key)" to the 'Name/Vendor's Role' column. Add as many rows as necessary to complete the full proposed team.

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